

# SUMMER CAMP APPLICATION

## RYE RECREATION DEPARTMENT - SUMMER CAMP APPLICATION

281 Midland Avenue

Rye, NY 10580

Campers Name: \_\_\_\_\_ ☐ F ☐ M Grade in Fall 2002 \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Attending in Fall 2002 \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's work phone: \_\_\_\_\_ Father's work phone: \_\_\_\_\_

Mother's pager or cell phone: \_\_\_\_\_ Father's pager or cell phone: \_\_\_\_\_

Are you a member of the Rye Golf Club Pool ☐ yes ☐ no

### MEDICAL HISTORY - IMMUNIZATION

(Required by NY State Law & **must be** supplied at time of registration each year.)

Please list exact dates: mm/dd/yr – DO NOT ATTACH RECORDS

1. Diphtheria/Tetanus Toxoid (4 doses): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

2. Oral Polio Vaccine (3 doses): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

3. Live **M** measles Vaccine (2 doses): 1. \_\_\_\_\_ 2. \_\_\_\_\_

4. Live **M**umps Vaccine (1 doses): 1. \_\_\_\_\_ **Or MMR** 1. \_\_\_\_\_

5. Live **R**ubella Vaccine (1 doses): 1. \_\_\_\_\_ 2. \_\_\_\_\_

Allergies, medical problems, special diet, restriction on activity: \_\_\_\_\_

\* Please note: if your child is required to take medicine during the camp day, a special form must be completed.

**All applicants must complete fully and sign**

If unavailable in an emergency, please call (other than parent):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospitalization Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

In the event I can not be reached in an emergency situation, I hereby give my permission to the physician selected by the camp to hospitalize and/or secure proper treatment for my child. I understand that the camp will try to contact the parents first at the numbers listed above. I understand that the City of Rye **does not** carry accident or medical coverage for participants. Cost incurred will be the responsibility of the family or personal insurance coverage.

I hereby give permission for my child, registered here, to attend the Rye Recreation Day Camp Program. I hereby release the City of Rye and its employees from any and all liability for personal injuries and/or property damage sustained by my child or I sustain in a Rye Recreation Camp program.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_